

**NON-
REFUNDABLE
FEE \$30**

FORESTER APPLICATION

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Office of Licensing & Registration

BOARD OF LICENSURE OF FORESTERS

35 STATE HOUSE STATION AUGUSTA, ME 04333-0035

PHONE (207) 624-8521 FAX (207) 624-8637 HEARING IMPAIRED (207) 624-8563

Email – deborah.a.foles@state.me.us WEB – www.maineprofessionalreg.org

DO NOT WRITE IN THIS BOX.
FOR OFFICE USE ONLY

Pmt. _____

CK# _____

Cash No. _____

- TYPE OR PRINT CLEARLY IN INK
- MAKE CHECK OR MONEY ORDER PAYABLE TO TREASURER STATE OF MAINE

This application is a public record for the purposes of the Maine Freedom of Access Law, 1 MRSA §401, et. Seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number, and mailing address listed on your application will be available to the public and may be posted on our website.

METHOD OF APPLICATION (check one)

- A ☐ BS DEGREE OR HIGHER & 24 MONTHS INTERNSHIP
- B ☐ AS DEGREE & 48 MONTH INTERNSHIP
- C ☐ EDUCATION VARIANCE & 48 MONTH INTERNSHIP
- D ☐ LICENSED IN ANOTHER JURISDICTION: Name of Jurisdiction _____
(must provide letter of certification)
- Does state/jurisdiction have a reciprocal agreement with Maine? ☐ YES ☐ NO
- E ☐ PROFESSIONAL FORESTRY PRACTICE IN ANOTHER JURISDICTION (see §5515(5) Forester Licensing Law)

APPLICANT INFORMATION (print legibly in ink)

FULL LEGAL NAME: _____
FIRST MIDDLE INITIAL LAST

AGE _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # ____/____/____

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

CONTACT ADDRESS: (This address is considered public information and may be released to the public or posted on the internet.)

Street/PO Box _____

CITY _____ COUNTY _____

STATE _____ ZIP (+4) _____ - _____ PH () _____ - _____ EMAIL (OPT.) _____

HOME/LEGAL RESIDENCE (Confidential. If different than contact address, home address will not be released to the public or posted on the internet. Home address is considered public information if it is the same as contact address. Non-residents must provide an Irrevocable Consent form)

Street/PO Box _____

CITY _____ COUNTY _____

STATE _____ ZIP (+4) _____ - _____ PH () _____ - _____ EMAIL (OPT.) _____

REFERENCES

All applicants must submit the names and complete addresses of three forester references who can support the applicant's forestry experience. *Intern Forester Applicants: One of the references must be the Intern's sponsor.*

NAME	COMPLETE MAILING ADDRESS	LICENSE NUMBER
1.		
2.		
3.		

EDUCATION

(Intern Foresters are not required to complete this section)

All applicants, with the exception of the Intern Foresters, must list the names of all institutions of higher education attended, the beginning and ending dates at each institution, graduation dates, and degrees obtained (if applicable). Attach original official transcripts (photocopies will not be accepted). Please refer to the following web address for a list of approved forestry degree programs: www.safnet.org

NAME OF SCHOOL	DATES ATTENDED (mm/dd/yy to mm/dd/yy)	DATE GRADUATED (if applicable)	DEGREE AWARDED (if applicable)	ACCREDITED? <input type="checkbox"/> Yes <input type="checkbox"/> No

INTERNSHIP EXPERIENCE

ALL APPLICANTS please give full information on forestry related experience and employment based on the Method of Application from page 1. METHOD REQUIREMENTS: A = 24 months sponsored experience, B/C = 48 months sponsored experience, D/E = complete history. **Each of the four subject areas must ordinarily account for no less than 10% of the intern forester's work experience during the internship (see Board Rules, Chapter 60, Section 1).** For each employer state the dates of employment, total months employed, location, work responsibilities, percentage of time devoted to professional forestry activity. Please be thorough and specific in describing your work responsibilities. Attach additional sheets if necessary.

DATES OF EMPLOYMENT	TOTAL MONTHS	POSITION HELD and LOCATION	EMPLOYER and SUPERVISOR/ SPONSOR	WORK RESPONSIBILITIES and PERCENT of TIME DEVOTED to PROFESSIONAL FORESTRY ACTIVITIES
EXAMPLE				
01/01/2001 to 03/01/2002	14	Forester Augusta, Maine	State of Maine Jane Doe	Timber Cruising (45%), Writing Management Plans (15%), Harvest Plan Layout (25%), Administration (15%). See attached sheet for more details.

Have you ever had any type of forester or other professional license suspended or revoked in Maine or in any other state? ☐Yes ☐No

CRIMINAL BACKGROUND DISCLOSURE

Have you ever been convicted of a crime by any court, other than minor traffic violations? ☐YES ☐NO

If YES, provide a written statement on a separate sheet that includes the date of the offense and a detailed description of the circumstances surrounding the conviction. Submit the statement and a copy of the court judgment(s) with this application.

APPLICANT'S SWORN STATEMENT AND SIGNATURE

APPLICANT: Read statement below and sign where indicated in the presence of a notary public as your testament to the information provided on this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and that I am aware of and do possess all personal qualifications necessary for licensure as prescribed by 32 M.R.S.A. Chapter 76.

Applicant's Signature _____ Date _____

NOTARY

The above named _____ personally appeared before me and being duly
Applicant's Printed Name

Sworn according to law deposes and says that the information above set forth is true to the best of h_____ knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested.

Sworn and subscribed to before me at _____ this _____ day of _____, 20 ____.

Notary Public Signature

Term of Commission



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF LICENSURE OF FORESTERS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

FEE: \$15

(You may pay with **one** check that includes both the license fee **and** the criminal records check fee.)

CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee made payable to Treasurer, State of Maine.

PRINT IN INK ONLY

Name: _____
Last First Middle

Complete Mailing Address: Street/P O Box _____

City/State/Zip _____

Social Security/Federal I.D. #: _____

Date of Birth: _____

All other names used: _____



PRINTED ON RECYCLED PAPER

(207) 624-8563 (HEARING IMPAIRED)

PHONE: (207)624-8521 OFFICE PHONE

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



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IRREVOCABLE CONSENT

TYPE OR PRINT LEGIBLY IN INK

APPLICANT NAME _____

LEGAL RESIDENCE _____

WHEREAS I, _____

of _____ in the State of _____ have made application for a non-resident license to practice forestry in the State of Maine in accordance with the provisions of 32 M.R.S.A. Chapter 76; and

WHEREAS, pursuant to 32 M.R.S.A. §5516 it is necessary for a non-resident license applicant to file an irrevocable consent with the Director of the Office of Licensing & Registration within the Department of Professional & Financial Regulation;

NOW, THEREFORE, I hereby execute and file with the Director of the Office of Licensing & Registration this irrevocable consent that actions may be commenced against me in the proper court of any county in the State of Maine in which a cause of action may arise or in which the Plaintiff may reside, by the service of any process or pleadings authorized by the laws of the State of Maine on the Director of the Office of Licensing & Registration. Furthermore, it is hereby stipulated and agreed that service of the process or pleading on the Director shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the State of Maine.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____, ____.

Signature of applicant _____

NOTARY

STATE OF _____ COUNTY OF _____, SS.

On this, the _____ day of _____, 20_____

_____ personally appeared
before me and acknowledged the foregoing instrument to be his/her free act and deed for the uses
and purposes herein stated.

NOTARY PUBLIC

EXPIRATION DATE OF COMMISSION